

ARTICLE 1. DEFINITIONS

Section

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- Exhibit B. Arizona EMT-Intermediate Transition Course
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ARTICLE 1. DEFINITIONS

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

The following definitions apply in this Chapter, unless otherwise specified:

1. “Administer” or “administration” means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
2. “Administrative medical direction” has the same meaning as in A.R.S. § 36-2201.
3. “Administrative medical director” means an individual qualified under R9-25-204 who provides administrative medical direction as required under R9-25-204.
4. “Advanced procedure” means an emergency medical service provided by an EMT that:
 - a. Requires skill or training beyond the basic skills or training prescribed in the Arizona EMT-B course as defined in R9-25-305; or
 - b. Is designated in A.R.S. Title 36, Chapter 21.1 or this Chapter as requiring medical direction.
5. “Agent” means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
6. “ALS base hospital” has the same meaning as “advanced life support base hospital” in A.R.S. § 36-2201.
7. “Ambulance service” has the same meaning as in A.R.S. § 36-2201.
8. “Centralized medical direction communications center” has the same meaning as in A.R.S. § 36-2201.
9. “Chief administrative officer” means an individual assigned to act on behalf of an ALS base hospital or a training program certified under Article 3 of this Chapter by the body organized to govern and manage the ALS base hospital or the training program.
10. “Clinical training” means to provide an individual with experience and instruction in providing direct patient care in a health care institution.
11. “Communication protocol” means a written guideline prescribing:
 - a. How an EMT shall:
 - i. Request and receive on-line medical direction;
 - ii. Notify an on-line physician before arrival of an EMT’s intent to transport a patient to a health care institution; and
 - iii. Notify a health care institution before arrival of an EMT’s intent to transport a patient to the health care institution; and
 - b. What procedures an EMT shall follow in a communications equipment failure.

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12. “Conspicuously post” means to make visible to patients and other individuals by displaying on an object, such as a wall or bulletin board.
13. “Controlled substance” has the same meaning as in A.R.S. § 32-1901.
14. “Course content outline” means a sequential listing of subject matter, objectives, skills, and competencies to be taught or tested.
15. “Custody” means physical control and may include constructive physical control, such as where a supply of agents is stored in a receptacle that is locked and sealed with an individually identifiable tamper-proof seal that would be broken if the receptacle were opened.
16. “Dangerous drug” has the same meaning as in A.R.S. § 13-3401.
17. “Day” means a calendar day.
18. “Department” means the Arizona Department of Health Services.
19. “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
20. “Drug” has the same meaning as in A.R.S. § 32-1901.
21. “Drug distributor” means a person with a current and valid pharmacy permit or wholesaler permit, issued by the Arizona State Board of Pharmacy, that allows the person to distribute drugs in Arizona.
22. “Electronic signature” has the same meaning as in A.R.S. § 41-351.
23. “Emergency medical services” has the same meaning as in A.R.S. § 36-2201.
24. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
25. “EMT” has the same meaning as “certified emergency medical technician” in A.R.S. § 36-2201.
26. “EMT-B” has the same meaning as “basic emergency medical technician” in A.R.S. § 36-2201.
27. “EMT-I” has the same meaning as “intermediate emergency medical technician” in A.R.S. § 36-2201.
28. “EMT-I(85)” means an individual certified as an EMT-I who does not hold current NREMT-Intermediate registration, as defined in this Section, and who has not completed the Arizona EMT-I course, as defined in R9-25-307, or the Arizona EMT-Intermediate transition course, as defined in R9-25-301.
29. “EMT-I(99)” means an individual certified as an EMT-I who has completed:
 - a. The Arizona EMT-I course, as defined in R9-25-307; or
 - b. The Arizona EMT-Intermediate transition course, as defined in R9-25-301.
30. “EMT-P” has the same meaning as “emergency paramedic” in A.R.S. § 36-2201.
31. “FDA” means U.S. Food and Drug Administration.

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32. “Field training” means to provide an individual with emergency medical services experience and training outside of a health care institution or a training program facility.
33. “General hospital” has the same meaning as in A.A.C. R9-10-201.
34. “Health care decision maker” has the same meaning as in A.R.S. § 12-2291.
35. “Health care institution” has the same meaning as in A.R.S. § 36-401.
36. “In use” means in the immediate physical possession of an EMT and readily accessible for potential imminent administration to a patient.
37. “Incapacitated adult” means an individual older than 18 years of age for whom a guardian, as defined in A.R.S. § 14-1201, has been appointed.
38. “Infusion pump” means an FDA-approved device, operated mechanically, electrically, or osmotically, that releases a measured amount of an agent into a patient’s circulatory system in a specific period of time.
39. “Interfacility transport” means an ambulance transport of a patient from one health care institution to another health care institution.
40. “Intermediate emergency medical technician level” means completion of training that meets or exceeds the training provided in the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
41. “IV” means intravenous.
42. “Locked” means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
43. “Medical direction” means administrative medical direction or on-line medical direction.
44. “Medical record” has the same meaning as in A.R.S. § 36-2201.
45. “Minor” means an individual younger than 18 years of age who is not emancipated.
46. “Monitor” means to observe the administration rate of an agent and the patient response to the agent and may include discontinuing administration of the agent.
47. “Narcotic drug” has the same meaning as “narcotic drugs” in A.R.S. § 13-3401.
48. “NREMT” means the National Registry of Emergency Medical Technicians.
49. “NREMT-Intermediate registration” means EMT-Intermediate/99 registration granted by NREMT.
50. “On-line medical direction” means emergency medical services guidance or information provided to an EMT by an on-line physician through two-way voice communication.
51. “On-line physician” means an individual qualified under R9-25-205 who provides on-line medical direction as required under R9-25-205.

- 52. “Patient” means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
- 53. “Person” means:
 - a. An individual;
 - b. A business organization such as an association, cooperative, corporation, limited liability company, or partnership; or
 - c. An administrative unit of the U.S. government, state government, or a political subdivision of the state.
- 54. “Physician” has the same meaning as in A.R.S. § 36-2201.
- 55. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- 56. “Practical nurse” has the same meaning as in A.R.S. § 32-1601.
- 57. “Practicing emergency medicine” means acting as an emergency medicine physician in a hospital emergency department.
- 58. “Prehospital incident history report” has the same meaning as in A.R.S. § 36-2220.
- 59. “Proficiency in advanced emergency cardiac life support” means:
 - a. Completion of 16 clock hours of organized training covering:
 - i. Electrocardiographic rhythm interpretation;
 - ii. Oral, tracheal, and nasal airway management;
 - iii. Nasotracheal intubation and surgical cricothyrotomy;
 - iv. Peripheral and central intravenous lines; and
 - v. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
 - b. Every 24 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).
- 60. “Proficiency in advanced trauma life support” means:
 - a. Completion of 16 clock hours of organized training covering:
 - i. Rapid and accurate patient assessment,
 - ii. Patient resuscitation and stabilization,
 - iii. Patient transport or transfer, and
 - iv. Patient treatment and care; and
 - b. Every 48 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).
- 61. “Proficiency in cardiopulmonary resuscitation” means:

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- a. Completion of eight clock hours of organized training covering:
 - i. Adult and pediatric resuscitation,
 - ii. Rescuer scenarios and use of a bag-valve mask,
 - iii. Adult and child foreign-body airway obstruction in conscious and unconscious patients,
 - iv. Automated external defibrillation,
 - v. Special resuscitation situations, and
 - vi. Common cardiopulmonary emergencies; and
 - b. Every 24 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).
62. “Proficiency in pediatric emergency care” means:
- a. Completion of 16 clock hours of organized training covering:
 - i. Pediatric rhythm interpretation;
 - ii. Oral, tracheal, and nasal airway management;
 - iii. Nasotracheal intubation and surgical cricothyrotomy;
 - iv. Peripheral and central intravenous lines;
 - v. Intraosseous infusion;
 - vi. Needle thoracostomy; and
 - vii. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
 - b. Every 24 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).
63. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
64. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
65. “Session” means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
66. “Standing order” means a treatment protocol or triage protocol that authorizes an EMT to act without on-line medical direction.
67. “Substantially constructed cabinet” means a hard-shelled container that is difficult to breach without the use of a power cutting tool.
68. “Supervise” or “supervision” has the same meaning as “supervision” in A.R.S. § 36-401.

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69. “Transport agent” means an agent that an EMT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent’s IV administration was started at the sending health care institution.
70. “Treatment protocol” means a written guideline that prescribes:
- a. How an EMT shall perform a medical treatment on a patient or administer an agent to a patient; and
 - b. When on-line medical direction is required, if the protocol is not a standing order.
71. “Triage protocol” means a written guideline that prescribes:
- a. How an EMT shall:
 - i. Assess and prioritize the medical condition of a patient,
 - ii. Select a health care institution to which a patient may be transported, and
 - iii. Transport a patient to a health care institution; and
 - b. When on-line medical direction is required, if the protocol is not a standing order.
72. “Unauthorized individual” means an individual who is not:
- a. A certified EMT obtaining access to an agent to provide emergency medical services within the EMT’s scope of practice,
 - b. A licensed health care provider obtaining access to an agent to provide emergency medical services within the scope of practice of the health care provider’s license, or
 - c. An individual working for an emergency medical services provider whose job duties result in the individual’s having access to an agent.

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-204. Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); 36-2204.01; 36-2208(A); and 36-2209(A)(2))

- A. An individual shall not act as an administrative medical director unless the individual:
- 1. Is a physician; and
 - 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:

- i. Proficiency in advanced emergency cardiac life support,
- ii. Proficiency in advanced trauma life support, and
- iii. Proficiency in pediatric emergency care.

B. An administrative medical director shall act only on behalf of:

1. An emergency medical services provider;
2. An ambulance service;
3. An ALS base hospital certified under this Article;
4. A centralized medical direction communications center; or
5. The Department, as provided in A.R.S. § 36-2202(J).

C. An administrative medical director:

1. Shall coordinate the provision of administrative medical direction to EMTs; and
2. May delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
 - a. A physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A practical nurse, or
 - f. An EMT-I or EMT-P.

D. An administrative medical director shall:

1. Ensure that an EMT receives administrative medical direction as required under A.R.S. Title 36, Chapter 21.1 and this Chapter;
2. Approve, ensure implementation of, and annually review treatment protocols, triage protocols, and communications protocols for an EMT to follow that are consistent with:
 - a. A.R.S. Title 36, Chapter 21.1 and this Chapter; and
 - b. The EMT's scope of practice as identified under Article 5 of this Chapter;
3. Approve, ensure implementation of, and annually review policies and procedures that an EMT shall follow for medical recordkeeping, medical reporting, and completion and processing of prehospital incident history reports that are consistent with:
 - a. A.R.S. Title 36, Chapter 21.1 and this Chapter; and
 - b. The EMT's scope of practice as identified under Article 5 of this Chapter;
4. Approve, ensure implementation of, and annually review policies and procedures governing the administrative medical direction of an EMT, including policies and procedures for:

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- a. Monitoring and evaluating an EMT's compliance with treatment protocols, triage protocols, and communications protocols;
 - b. Monitoring and evaluating an EMT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
 - c. Monitoring and evaluating an EMT's performance as authorized by the EMT's scope of practice as identified under Article 5 of this Chapter;
 - d. Ensuring that an EMT receives ongoing education, training, or remediation necessary to promote ongoing professional competency and compliance with EMT standards of practice established in R9-25-410;
 - e. Withdrawing an EMT's administrative medical direction; and
 - f. Reinstating an EMT's administrative medical direction; and
 5. Approve, ensure implementation of, and annually review policies and procedures for a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMTs.
- E.** An administrative medical director shall:
1. Annually document that the administrative medical director has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter; and
 2. Ensure that an individual to whom the administrative medical director delegates authority to fulfill the requirements in this Section annually documents that the individual has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter.
- F.** An administrative medical director for an emergency medical services provider shall ensure that:
1. Each EMT for whom the administrative medical director provides administrative medical direction administers an agent only if the EMT is authorized to administer the agent under Article 5 of this Chapter;
 2. Each EMT for whom the administrative medical director provides administrative medical direction monitors an agent only if the EMT is authorized to monitor or administer the agent under Article 5 of this Chapter;
 3. Each EMT for whom the administrative medical director provides administrative medical direction assists in patient self-administration of an agent only if:
 - a. The EMT is authorized either to assist in patient self-administration of the agent or to administer the agent under Article 5 of this Chapter;
 - b. The agent is supplied by the patient;

- c. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
 - d. The agent is in its original container and not expired;
- 4. Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;
- 5. Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;
- 6. The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the administrative medical director provides administrative medical direction, that requires:
 - a. A written chain of custody for each supply of agents, including at least the following:
 - i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
 - ii. The time and date that each individual takes custody of the supply of agents;
 - b. Each individual who takes custody of a supply of agents to do the following:
 - i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
 - ii. Upon determining that any of the conditions described in subsection (F)(6)(b)(i) exists, document the condition, notify the administrative medical director if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
 - iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
 - c. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;

- d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
 - iii. If a controlled substance, locked in a substantially constructed cabinet; and
 - e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
 - 7. Each EMT for whom the administrative medical director provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (F)(6) while on duty for the emergency medical services provider;
 - 8. The administrative medical director notifies the Department in writing within 10 days after the administrative medical director receives notice, as required under subsection (F)(6)(b)(ii), that any quantity of a controlled substance is missing; and
 - 9. The administrative medical director complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.
- G.** Subsections (F)(4)-(9) do not apply to an administrative medical director for an emergency medical services provider if:
- 1. The emergency medical services provider obtains all of its agents from an ALS base hospital pharmacy, and
 - 2. The agents provided to the emergency medical services provider are owned by the ALS base hospital that provides them.

R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))

- A.** An ALS base hospital certificate holder shall:
- 1. Provide both administrative medical direction and on-line medical direction;
 - 2. Comply with the requirements in R9-25-202, R9-25-203, R9-25-204, and R9-25-205;
 - 3. Ensure that personnel are available to provide:
 - a. Administrative medical direction as required in R9-25-204, and
 - b. On-line medical direction as required in R9-25-205; and

4. Provide administrative medical direction and on-line medical direction to each EMT pursuant to a written agreement that meets the requirements of A.R.S. § 36-2201(2).
- B.** An ALS base hospital certificate holder shall:
1. No later than 24 hours after ceasing to meet the requirement in R9-25-207(C)(2) or R9-25-207(C)(3), notify the Department in writing; and
 2. No later than 48 hours after terminating, adding, or amending a written agreement required in R9-25-207(C)(3), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement that meets the requirements of R9-25-207(C)(3).
- C.** An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
1. Is eligible for training program certification as provided in R9-25-301(C); and
 2. Complies with the requirements in R9-25-301(I) and R9-25-304 through R9-25-318 and the Exhibits to Article 3 of this Chapter.
- D.** If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure, through the ALS base hospital's pharmacist-in-charge, that:
1. Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;
 2. Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;
 3. The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction, that requires:
 - a. A written chain of custody for each supply of agents, including at least the following:
 - i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
 - ii. The time and date that each individual takes custody of the supply of agents;
 - b. Each individual who takes custody of a supply of agents to do the following:

- i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
 - ii. Upon determining that any of the conditions described in subsection (D)(3)(b)(i) exists, document the condition, notify the ALS base hospital's pharmacist-in-charge if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
 - iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
- c. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;
- d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
 - iii. If a controlled substance, locked in a substantially constructed cabinet; and
- e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
- 4. Each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (D)(3) while on duty for the emergency medical services provider;
- 5. The ALS base hospital's pharmacist-in-charge notifies the Department in writing within 10 days after the pharmacist-in-charge receives notice, as required under subsection (D)(3)(b)(ii), that any quantity of a controlled substance is missing; and
- 6. The ALS base hospital's pharmacist-in-charge complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.

ARTICLE 3. TRAINING PROGRAMS

R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. In this Article:

1. “Arizona EMT-Intermediate transition course” means the instruction prescribed in Exhibit B to this Article provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C);
2. “Course” means the:
 - a. Arizona EMT-B course, defined in R9-25-305;
 - b. Arizona EMT-B refresher, defined in R9-25-306;
 - c. Arizona EMT-I course, defined in R9-25-307;
 - d. Arizona EMT-P course, defined in R9-25-308;
 - e. Arizona ALS refresher, defined in R9-25-309;
 - f. Arizona EMT-Intermediate transition course, defined in subsection(A)(1); or
 - g. Arizona EMT-I(99)-to-EMT-P transition course, defined in R9-25-318;
3. “NREMT-Intermediate practical examination” means the NREMT-Intermediate practical examination required for NREMT-Intermediate registration; and
4. “Refresher challenge examination” means the:
 - a. Arizona EMT-B refresher challenge examination, defined in R9-25-306; or
 - b. Arizona ALS refresher challenge examination, defined in R9-25-309.

B. A person shall not provide or offer to provide a course or refresher challenge examination without training program certification from the Department.

C. The Department shall not certify a training program, if:

1. Within five years before the date of filing an application required in R9-25-302, the Department has decertified a training program operated by the applicant; or
2. The applicant knowingly provides false information on or with an application required by this Article.

D. The Department shall certify a training program, if the applicant:

1. Is not ineligible for certification pursuant to subsection (C); and
2. Meets the application requirements in R9-25-302.

E. A training program certificate is valid only for the name, address, and courses listed by the Department on the certificate.

F. A training program certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:

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- a. A minimum single claim professional liability insurance coverage of \$500,000; and
 - b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or
 2. Be self-insured for the amounts in subsection (F)(1).
- G.** A training program certificate holder shall:
1. Conspicuously post the original or a copy of the training program certificate in the training program administrative office;
 2. Return the training program certificate to the Department upon decertification by the Department pursuant to R9-25-317 or upon voluntarily ceasing to act as a training program; and
 3. Not transfer the training program certificate to another person.
- H.** Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, a training program to determine ongoing compliance with the requirements of this Article.
- I.** The Department may inspect, pursuant to A.R.S. § 41-1009, a training program:
1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
 2. As necessary to determine compliance with the requirements of this Article.
- J.** The Department shall approve or deny an application under this Article pursuant to Article 12 of this Chapter.

R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** For each session of a course provided, a training program certificate holder shall:
1. Designate a training program medical director qualified under R9-25-310 and ensure that the training program medical director fulfills all responsibilities established in R9-25-310;
 2. Designate a training program director qualified under R9-25-311 and ensure that the training program director fulfills all responsibilities established in R9-25-311;
 3. Assign a lead instructor qualified under R9-25-312;
 4. Ensure that clinical training and field training are provided under the supervision of a preceptor qualified under R9-25-312;
 5. Meet all requirements that are established for the course as prescribed in this Article;
 6. For clinical training in the course, have a maximum ratio of four students to one preceptor or instructor;

7. For field training in the course, have a maximum ratio of one student to one preceptor or instructor; and
 8. Not allow a student more than six months from the official session completion date to complete all course requirements.
- B.** For a course's clinical training or field training that is not provided directly by a training program, the training program shall have a written agreement between the training program and each health care institution, emergency medical services provider, or ambulance service providing the training that:
1. Requires that all training be provided under the supervision of a preceptor qualified under R9-25-312; and
 2. Contains a termination clause that provides sufficient time for students to complete the training upon termination of the agreement.
- C.** A certified training program authorized to provide the Arizona EMT-B refresher may administer an Arizona EMT-B refresher challenge examination to an individual eligible for admission into the Arizona EMT-B refresher. The certified training program shall limit the individual to one attempt to pass the Arizona EMT-B refresher challenge examination.
- D.** A certified training program authorized to provide the Arizona ALS refresher may administer an Arizona ALS refresher challenge examination to an individual eligible for admission into the Arizona ALS refresher. The certified training program shall limit the individual to one attempt to pass the Arizona ALS refresher challenge examination.
- E.** A training program certificate holder shall ensure that:
1. The training program director for a specific session of a course does not:
 - a. Enroll in that session of the course as a student or allow an instructor for that session of the course to enroll in that session of the course as a student,
 - b. Issue to himself or herself or to an instructor for that session of the course a certificate of completion for that session of the course,
 - c. Administer to himself or herself or to an instructor for that session of the course a refresher challenge examination,
 - d. Allow an instructor for that session of the course to administer to himself or herself a refresher challenge examination, or
 - e. Issue to himself or herself or to an instructor for that session of the course a certificate of completion for a refresher challenge examination;

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2. During a final examination or refresher challenge examination, a student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;
3. The identity of each student taking a final examination or refresher challenge examination is verified through photo identification before the student is permitted to take the examination;
4. A student who violates subsection (E)(2) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination;
5. An instructor who allows a student to violate subsection (E)(2) or assists a student in violating subsection (E)(2) is no longer permitted to serve as an instructor;
6. Each examination for a course is completed on site at the training program or at a facility used for course instruction;
7. Each final examination for a course is proctored; and
8. Each individual who proctors or administers a final examination for a course is neither the training program director nor an instructor for the course.

R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** “Arizona EMT-B course” means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Basic: National Standard Curriculum (1994);
1. Incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>
 2. Modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-B course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
 2. The following prerequisites are required:
 - a. Prerequisites identified in the course introductory materials under the heading “Prerequisites”; and

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- b. Prerequisites listed for lessons 1-1, 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-7, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4;
 3. The minimum course length is 110 contact hours;
 4. Modules 1 through 7 are required;
 5. Module 8 is deleted;
 6. EMS equipment listed for lessons 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4 is required and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 7. Facility recommendations identified in the course introductory materials under the headings “Environment” and “Facilities” are requirements;
 8. In addition to modules 1 through 7, the course shall also contain additional instruction and skills training in:
 - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and
 - b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump.
 9. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
 10. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified in Appendix H; and
 - b. Enable a student to meet NREMT-Basic registration requirements.
- C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B course session for didactic instruction.

R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination
(Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** “Arizona EMT-B refresher” means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician: Basic Refresher Curriculum Instructor Course Guide, (1996);
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>;
 2. As modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-B refresher is modified as follows:
1. No more than 32 students shall be enrolled in each session of the course;
 2. The minimum admission requirements are:
 - a. One of the following:
 - i. Current EMT-B or higher level certification in this state or certification, recertification, or licensure at the basic emergency medical technician level or higher level in any other state or jurisdiction;
 - ii. Current NREMT-Basic or higher level registration; or
 - iii. Being required by NREMT to complete the Arizona EMT-B refresher to become eligible to seek NREMT-Basic registration; and
 - b. Proficiency in cardiopulmonary resuscitation;
 3. The minimum course length is 24 contact hours;
 4. Modules 1 through 6 are required;
 5. EMS equipment listed for Modules II, III, IV, V, and VI is required and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 6. Facility recommendations identified for the Arizona EMT-B course are requirements;
 7. For a student who has not completed the Arizona EMT-B course, the course shall contain additional instruction and skills training in:
 - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and

- b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump;
- 8. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
- 9. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 6; and
 - b. Enable a student to meet NREMT-Basic registration or reregistration requirements.
- C. “Arizona EMT-B refresher challenge examination” means competency testing prescribed in the Arizona EMT-B refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- D. The Arizona EMT-B refresher challenge examination shall consist of:
 - 1. The EMT-B refresher final written course examination, required in subsection (B)(8); and
 - 2. The EMT-B refresher final comprehensive practical skills examination, required in subsection (B)(9).
- E. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B refresher session for didactic instruction.

R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. “Arizona EMT-I course” means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999);
 - 1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of

Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>;

2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-I course is modified as follows:

1. No more than 24 students shall be enrolled in each session of the course;
2. Prerequisites identified in the course introductory materials under the headings “The EMT-Intermediate: National Standard Curriculum” and “Prerequisites” are required;
3. The minimum course length is 400 contact hours, including:
 - a. A minimum of 280 contact hours of didactic instruction and practical laboratory, and
 - b. A minimum of 120 contact hours of clinical training and field training;
4. Modules 1 through 7 are required;
5. EMS equipment required for the course is listed in Exhibit A of this Article and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
6. Facility recommendations identified in the course introductory materials under the headings “EMT-Intermediate Education,” “Program Evaluation,” and “Facilities” are requirements;
7. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
8. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 7; and
 - b. Enable a student to meet NREMT-Intermediate registration requirements.

C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-I course session for didactic instruction.

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R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** “Arizona EMT-P course” means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998);
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>
 2. As modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-P course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
 2. The following course prerequisites are required:
 - a. Prerequisites identified in the course introductory materials under the heading “The EMT-Paramedic: National Standard Curriculum, Prerequisites”; and
 - b. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association’s, NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level; incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-747 and from the Department’s Bureau of Emergency Medical Services;
 3. The minimum course length is 1000 contact hours, including:
 - a. A minimum of 500 contact hours of didactic instruction and practical laboratory, and
 - b. A minimum of 500 contact hours of clinical training and field training.
 4. Modules 1 through 8 are required;
 5. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 6. Facility recommendations on page 32 of the introductory material are requirements;

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7. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
8. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 8; and
 - b. Enable a student to meet NREMT-Paramedic registration requirements.
- C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-P course session for didactic instruction.

R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination
(Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. “Arizona ALS refresher” means the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: NSC Refresher Curriculum (2001):
 1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>
 2. As modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B. The Arizona ALS refresher is modified as follows:
 1. No more than 32 students shall be enrolled in each session of the course;
 2. The minimum admission requirements are:
 - a. One of the following:
 - i. Current certification as an EMT-I(99) or EMT-P in this state or certification, recertification, or licensure at the intermediate emergency medical technician level or paramedic level in any other state or jurisdiction;

- ii. Current NREMT-Intermediate or NREMT-Paramedic registration; or
 - iii. Being required by NREMT to complete the Arizona ALS refresher to become eligible to seek NREMT-Intermediate or NREMT-Paramedic registration; and
 - b. Proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
- 3. The minimum course length is 48 contact hours;
- 4. Modules 1 through 6 are required;
- 5. For a student at the intermediate emergency medical technician level, lessons, tasks, and objectives shall not exceed the intermediate emergency medical technician skill level;
- 6. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
- 7. Facility recommendations identified for the Arizona EMT-P course are requirements;
- 8. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
- 9. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1, 2, 4, 5, and 6; and
 - b. Enable a student to meet NREMT-Intermediate or NREMT-Paramedic registration or reregistration requirements.
- C.** “Arizona ALS refresher challenge examination” means competency testing prescribed in the Arizona ALS refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- D.** The Arizona ALS refresher challenge examination shall consist of:
 - 1. The ALS refresher final written course examination, required in subsection (B)(8); and
 - 2. The ALS refresher final comprehensive practical skills examination, required in subsection (B)(9).

- E.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona ALS refresher session for didactic instruction.

R9-25-310. Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** A training program certificate holder shall ensure that a training program medical director:
1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3); and
 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:
 - i. Proficiency in advanced emergency cardiac life support,
 - ii. Proficiency in advanced trauma life support, and
 - iii. Proficiency in pediatric emergency care.
- B.** A training program medical director designated for a course session shall:
1. Before the start date of the course session, ensure that the course has a course content outline and final examinations that are consistent with:
 - a. Requirements established in the course; and
 - b. The scope of practice of the EMT level to which the course corresponds; and
 2. During the course session, ensure that the course content outline is followed and that the final examinations are given.

R9-25-311. Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** A training program certificate holder shall ensure that a training program director is:
1. A physician with at least two years emergency medical services experience as a physician;
 2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience as a doctor of allopathic medicine or osteopathic medicine;

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3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a registered nurse;
 4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a physician's assistant;
 5. An EMT-P with at least two years experience as an EMT-P;
 6. An EMT-I(99) with at least two years experience as an EMT-I(99), only if acting as a training program director for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-Intermediate transition course, Arizona EMT-B course, or Arizona EMT-B refresher; or
 7. An EMT-B with at least two years experience as an EMT-B, only if acting as a training program director for the Arizona EMT-B course or Arizona EMT-B refresher.
- B.** A training program director designated for a course session shall:
1. Supervise the day-to-day operation of the course session;
 2. Supervise and evaluate the course session lead instructor and all preceptors providing clinical training or field training;
 3. Ensure that policies and procedures established for the course pursuant to R9-25-313 are followed;
 4. Ensure that true and accurate records for each student enrolled in the course session are kept pursuant to R9-25-315;
 5. Ensure that a refresher challenge examination is administered and graded pursuant to the requirements established in R9-25-306 or R9-25-309;
 6. Ensure that a student is assisted in making reservations to take NREMT written examinations required for NREMT registration;
 7. Ensure that a student is assisted in completing application forms required for NREMT registration;
 8. Ensure that a student is assisted in completing application forms required for certification in this state;
 9. Ensure that forms required pursuant to R9-25-316(B) or (C) are completed and submitted to the Department;
 10. For a student who completes a course, issue a certificate of completion containing:
 - a. Identification of the training program;
 - b. The name of the course completed;

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- c. The name of the student who completed the course;
 - d. The date the student completed all course requirements;
 - e. Attestation that the student has met all course requirements; and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and
- 11. For an EMT who passes a refresher challenge examination, issue a certificate of completion containing:
 - a. Identification of the training program;
 - b. The name of the refresher challenge examination administered;
 - c. The name of the EMT who passed the refresher challenge examination;
 - d. The dates the EMT took the refresher challenge examination;
 - e. Attestation that the EMT has passed the refresher challenge examination; and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** A training program certificate holder shall ensure that a lead instructor is:
 - 1. A physician with at least two years emergency medical services experience;
 - 2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience;
 - 3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
 - 4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
 - 5. An EMT-P with at least two years experience as an EMT-P;
 - 6. An EMT-I(99) with at least two years experience as an EMT-I(99), only if acting as a lead instructor for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-Intermediate transition course, Arizona EMT-B course, or Arizona EMT-B refresher; or
 - 7. An EMT-B with at least two years experience as an EMT-B, only if acting as a lead instructor for the Arizona EMT-B course or Arizona EMT-B refresher.
- B.** A lead instructor shall have completed 24 hours of training related to instructional methodology including:

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1. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
 2. Preparing and administering tests and practical examinations;
 3. Using equipment and supplies;
 4. Measuring student performance;
 5. Evaluating student performance;
 6. Providing corrective feedback; and
 7. Evaluating course effectiveness.
- C.** A lead instructor assigned to a course session shall:
1. Be present or have a substitute lead instructor present during all course hours established for the course session; and
 2. Ensure that course instruction is provided and is consistent with the course content outline and final examinations established for the course.
- D.** A training program certificate holder shall ensure that a preceptor is:
1. A physician or a doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction;
 2. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction;
 3. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction;
 4. An EMT-P with at least two years experience as an EMT-P;
 5. An EMT-I(99) with at least two years experience as an EMT-I(99), only if acting as a preceptor for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-B course, or Arizona EMT-B refresher; or
 6. An EMT-B with at least two years experience as an EMT-B, only if acting as a preceptor for the Arizona EMT-B course or Arizona EMT-B refresher.
- E.** A preceptor shall provide training consistent with the clinical training or field training established in a course and, if applicable, a written agreement required in R9-25-304(B).

R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A training program certificate holder shall provide all course applicants with the following documentation before the start date of a course session:

1. A description of requirements for admission, course content, course hours, course fees, and course completion;

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2. A list of books, equipment, and supplies that a student is required to purchase for the course;
3. Notification of requirements for a student to begin any part of the course, including physical examinations, immunizations, tuberculin skin tests, drug screening, and the ability to perform certain physical activities;
4. A copy of training program policies and procedures required under R9-25-313;
5. A copy of Article 4 of this Chapter; and
6. A copy of NREMT policies and requirements governing:
 - a. NREMT practical and written examinations, and
 - b. NREMT registration.

R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** A training program certificate holder shall keep the following records for each student enrolled in a course session:
 1. The student's name;
 2. A copy of the student's enrollment agreement or contract;
 3. The name of the course in which the student is enrolled;
 4. The student's attendance records;
 5. The student's clinical training records;
 6. The student's field training records;
 7. The student's grades;
 8. Documentation of scores for each final written examination attempted or completed by the student; and
 9. Documentation of each final practical examination attempted or completed by the student, including all forms used as part of the final practical examination.
- B.** A training program certificate holder shall retain student records required under subsection (A) for three years from the start date of a student's course session.
- C.** A training program certificate holder shall keep records for each EMT to whom a refresher challenge examination is administered, including:
 1. The EMT's name;
 2. The challenge examination taken;
 3. The challenge examination date;
 4. The final written examination attempted or completed by the student and the written examination numeric grade; and

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5. Documentation of each practical examination attempted or completed by the student, including all forms used as part of the practical examination.
- D.** A training program certificate holder shall retain records required under subsection (C) for three years from the date a refresher challenge examination is administered.

R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** At least 10 days before the start date of a course session, a training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the training program,
 2. The course name,
 3. The name of the course session's training program medical director and attestation that the training program medical director is qualified under R9-25-310,
 4. The name of the course session's training program director and attestation that the training program director is qualified under R9-25-311,
 5. The name of the course session's lead instructor and attestation that the lead instructor is qualified under R9-25-312,
 6. The course session start date and end date, and
 7. The main location at which instruction for the course session will be provided.
- B.** No later than 10 days after the date a student completes all course requirements, a training program certificate holder shall submit to the Department, the following information on a completed form provided by the Department:
1. The course name and the start date and end date of the course session completed;
 2. Name, social security number, and mailing address of the student who has completed the course;
 3. Date the student completed all course requirements; and
 4. Signed and dated attestation of the training program director designated for the course session that the student has met all course requirements.
- C.** No later than 10 days after the date a certified training program administers a refresher challenge examination, the training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the refresher challenge examination administered;
 2. Name, social security number, and address of the EMT who passed the refresher challenge examination;
 3. Refresher challenge examination date; and

4. Signed and dated attestation of the training program director designated for the course session that the EMT has passed the refresher challenge examination.
- D.** A training program certificate holder shall maintain for Department review and inspection all documents and records as required under this Article.

R9-25-318. Arizona EMT-I(99)-to-EMT-P Transition Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. “Arizona EMT-I(99)-to-EMT-P transition course” means the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998):

1. Incorporated by reference in R9-25-308,
2. As modified in subsection (B), and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-I(99)-to-EMT-P transition course is modified as follows:

1. No more than 24 students shall be enrolled in each session of the course;
2. Each student enrolled shall have current certification as an EMT-I(99);
3. The following course prerequisites are required:
 - a. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association's NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level, incorporated by reference in R9-25-308; and
 - b. Evidence of proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
4. In addition to the minimum contact hours of didactic instruction required under subsection (B)(5), each student shall complete at least 60 hours of training in anatomy and physiology that:
 - a. Is completed either:
 - i. As a prerequisite to the course,
 - ii. As preliminary instruction completed at the beginning of the course session before the units of instruction required under subsection (B)(6),
or
 - iii. Through integration of the anatomy and physiology material with the units of instruction required under subsection (B)(6); and

- b. Covers the anatomy and physiology prerequisite objectives listed in Appendix E to the course materials;
- 5. The minimum course length is 600 contact hours, including:
 - a. A minimum of 220 contact hours of didactic instruction and practical laboratory, and
 - b. A minimum of 380 contact hours of clinical training and field training;
- 6. The following units of instruction are required:
 - a. In Module 1, units 1-2, 1-3, 1-4, 1-5, 1-6, 1-9, and 1-10;
 - b. In Module 3, units 3-1, 3-2, 3-3, 3-4, and 3-5;
 - c. In Module 4, units 4-3, 4-4, 4-5, 4-8, and 4-9;
 - d. In Module 5, units 5-1, 5-3, 5-4, 5-5, 5-6, 5-7, 5-8, 5-9, 5-10, 5-11, 5-12, 5-13, and 5-14;
 - e. In Module 6, units 6-1, 6-3, 6-4, 6-5, and 6-6;
 - f. In Module 7, unit 7-1; and
 - g. In Module 8, units 8-2, 8-3, 8-4, and 8-5;
- 7. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
- 8. Facility recommendations on page 32 of the introductory material are requirements;
- 9. Each student shall complete the competencies in Exhibit C during clinical training and field training;
- 10. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
 - b. Cover the learning objectives of the course with representation from each of the required units of instruction; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
- 11. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in the units of instruction required under subsection (B)(6), and
 - b. Enable a student to meet NREMT-Paramedic registration requirements.

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- C.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-I(99)-to-EMT-P transition course session for didactic instruction.

Exhibit A. Equipment Minimum Standards for the Arizona EMT-I Course, EMT-P Course, ALS Refresher, and EMT-I(99)-to-EMT-P Transition Course

Quantity	Equipment
1	Moulage or Casualty Simulation Equipment
6	Trauma Dressings
1 per student	Pen Lights (or provided by the student)
1 per student	Scissors (or provided by the student)
4	Stethoscopes (or provided by the student)
4	Blood pressure cuffs - adult sizes
4	Blood pressure cuffs - child size
4	Bag-valve-mask devices - adult size
4	Bag-valve-mask devices - pediatric size
2	Oxygen tank with regulator and key (Must be operational and maintain a minimum of 500psi.)
4	Oxygen masks non-rebreather - adult
4	Oxygen masks non-rebreather - child
4	Nasal cannulas
2 boxes	Alcohol preps
One box per student	Gloves - (small, medium, large, and extra large, non-latex) (each student has one box of an appropriate size available during the course)
6 packages	4x4 sponges (non sterile)
5 boxes	5x9 sponges (non sterile)
36 rolls	Rolled gauze (non sterile)
5	Occlusive dressings
2	Traction splint devices

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2	Cervical-thoracic spinal immobilization device for extrication, with straps
2	Long spine boards with securing devices
3 of each size	Cervical collars (small, regular, medium, large, and extra large) NOTE: may substitute 6 adjustable devices NOTE: Soft collars and foam types are not acceptable
2	Head immobilization materials/devices
1	Ambulance stretcher
2	Blood glucose monitoring devices
2	Portable suction devices
3	Rigid suction catheters
3	Flexible suction catheters
2 of each size	Oropharyngeal airways
2 of each size	Nasopharyngeal airways
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch)
2	Burn sheets
2	OB kits
2	CPR Manikins – adult
2	CPR Manikins – child
2	CPR Manikins – infant
1 per student	CPR face shields or similar barrier device (or provided by the student)
1 per student	Pocket mask (or provided by the student)
1	Semi-Automatic Defibrillator or AED training device
1 box	IV Catheter – Butterfly
1 box	IV Catheter – 24 Gauge

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1 box	IV Catheter – 22 Gauge
1 box	IV Catheter – 20 Gauge
1 box	IV Catheter – 18 Gauge
1 box	IV Catheter – 16 Gauge
1 box	IV Catheters central line catheter or intra-cath
1 unit	Monitor/Defibrillator
1 unit	Arrhythmia Simulator
1 box	Electrodes
2 unit	Intubation Manikin-adult
2 unit	Intubation Manikin – pediatrics
1 set each type	Laryngoscope Handle and Blades - one complete set curved and straight, sizes 0 through 4
1 set	Endotracheal Tubes – 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5, and 9.0
1	Esophageal Tracheal Double Lumen Airway Device
2 each	Stylet - adult and pediatric
1 box	1 cc Syringes
1 box	3 cc Syringes
1 box	5 cc Syringes
1 box	10-12 cc Syringes
1 box	20 cc Syringes
2	IV Infusion Arm
5 bags each	IV Fluids: 100cc, 250cc, 500cc, 1000cc
5 sets each	IV Tubing - 10gtt and 60gtt
5 sets	Blood tubing
2	Sharps containers

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1 for each skill	Invasive Skills Manikin – Cricothyrotomy, Central Line, Tension Pneumothorax NOTE: A single manikin equipped for all skills, or a combination of manikins to cover all skills, is acceptable.
1 for each skill	Training Devices for intraosseous and sternal intraosseous, adult and pediatric NOTE: A single device equipped for all skills, or a combination of devices to cover all skills, is acceptable.
2	Magill forceps
2	Hemostat forceps
3	IV tourniquets
3	Scalpels
1	Simulated Drug Box

Exhibit B. Arizona EMT-Intermediate Transition Course

Admission Requirements:

1. Current and valid certification in Arizona as an EMT-I(85), and
2. Evidence of proficiency in cardiopulmonary resuscitation.

Course Hours:

The minimum course length is 80 contact hours. In addition, sufficient time shall be provided to administer the final written examination and the final practical examination.

Equipment and Facilities:

Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session. Facility recommendations identified for the Arizona EMT-P course are requirements for the Arizona EMT-Intermediate Transition Course.

Examinations:

1. A final written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts.

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2. A final comprehensive practical skills examination is required and shall enable a student to meet NREMT-Intermediate/99 registration or reregistration requirements.

Competencies:

1. Describe the scope of the duties of the advanced emergency medical technician (Intermediate and Paramedic).
2. Identify signs and symptoms of patients with a communicable disease and list the appropriate body substance isolation procedures.
3. Identify the initial, focused, and continuing processes of assessment, medical history, vital signs, communications, and documentation.
4. Apply the procedures of identifying and treating hypoperfusion states including intravenous (IV) and intraosseous (IO) fluid therapy.
5. Describe the actions, indications, contraindications, precautions, side effects, and dosages of the agents included in Table 1 in R9-25-503.
6. Given a patient scenario, identify and treat emergencies and relate proposed field interventions for each of the body systems.
7. Given a patient scenario, identify and relate proposed field interventions for patient with obstetrical emergencies.
8. Given a patient scenario, identify and relate proposed field interventions for patient with neonatal and pediatric emergencies.
9. Given a patient scenario, identify and relate proposed field interventions for patient with behavioral emergencies, preserving personal safety and well being.
10. Demonstrate trauma victim assessment, airway management, control of hemorrhage and hypoperfusion states.
11. Demonstrate 80 percent proficiency on a written examination and 80 percent accuracy of practical skills in selected EMS scenarios.

Course Outline:

- I. Advanced Emergency Medical Technician
 - A. Roles and responsibilities
 - B. Rules, regulations, and EMS systems
- II. Human Systems and Patient Assessment
 - A. Scene management and body substance isolation
 - B. Human systems in health and disease
 - C. Initial, focused, and ongoing processes of assessment
 1. Vital signs

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- 2. History taking, interviewing, and communications
 - 3. Terminology
 - D. Documentation
- III. Hypoperfusion States
 - A. Shock/Disorders of hydration
 - B. Devices and techniques
 - C. Trauma
 - D. Thermal injuries
 - E. Communications and documentation
- IV. Pharmacology
 - A. Basic and advanced pharmacokinetics
 - B. Updated agent information
 - C. Action of agents
 - D. Techniques of administration
 - 1. Oral
 - 2. Rectal
 - 3. Parenteral
 - 4. Intraosseous
 - 5. Intralingual
 - E. Table 1 in R9-25-503
- V. Illness, Injury, and the Body's Systems
 - A. Respiratory
 - 1. LMA
 - 2. Combitube
 - 3. Endotracheal and nasal tracheal intubation
 - 4. Surgical cricothyrotomy
 - 5. Needle thoracostomy
 - B. Cardiovascular
 - 1. Ecg rhythm identification
 - 2. Pacemaker rhythm identification
 - 3. 12-lead ecg application and analysis
 - 4. Defibrillation and cardioversion procedures
 - C. Central nervous system
 - D. Endocrine

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- E. Musculoskeletal emergencies
- F. Soft tissue emergencies
- G. Acute abdominal emergencies
- H. Genito-urinary emergencies
- I. Gynecological emergencies
- J. Anaphylactic reactions
- K. Toxicology, alcoholism, and substance abuse
- L. Poisoning and overdose
- M. Submersion incidents
- N. Emergencies in the geriatric patient
- O. Techniques of management
- P. Communications and documentation
- VI. Obstetrical Emergencies
 - A. Maternal assessment
 - B. Delivery techniques
 - C. Care of the newborn
 - D. Ectopic pregnancy
 - E. Infectious diseases
 - F. Rape and abuse
 - G. Communications and documentation
- VII. Neonatal and Pediatric Emergencies
 - A. Approach to the pediatric patient
 - B. Related pathologies
 - C. Techniques of management
 - D. Communications and documentation
- VIII. Behavioral Emergencies
 - A. Behavioral disorders
 - B. Hostile environments
 - C. Therapeutic communications
 - D. Restraint
- IX. Trauma and Disaster
 - A. START Triage
 - B. Incident command
 - C. Age considerations

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1. Infant
2. Pediatric
3. Adult
4. Geriatric

X. Evaluation

- A. Written
- B. Skills

Exhibit C. Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies

A. PSYCHOMOTOR SKILLS

1. **The student shall demonstrate the ability to safely administer agents:** The student shall safely, and while performing all steps of each procedure, properly administer agents at least 10 times to live patients.
2. **The student shall demonstrate the ability to safely perform endotracheal intubation:** The student shall safely, and while performing all steps of each procedure, successfully intubate at least one live patient or cadaver.
3. **The student shall demonstrate the ability to safely gain venous access in all age group patients:** The student shall safely, and while performing all steps of each procedure, successfully access the venous circulation at least 17 times on live patients of various age groups.
4. **The student shall demonstrate the ability to effectively ventilate unintubated patients of all age groups:** The student shall effectively, and while performing all steps of each procedure, ventilate at least 12 unintubated live patients.

B. AGES

1. **The student shall demonstrate the ability to perform a comprehensive assessment on pediatric patients:** The student shall perform a comprehensive patient assessment on at least 20 pediatric patients, including newborns, infants, toddlers, and school-age.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on adult patients:** The student shall perform a comprehensive patient assessment on at least 20 adult patients of various age groups, including young, middle, and older patients.

C. PATHOLOGIES

1. **The student shall demonstrate the ability to perform a comprehensive assessment on obstetric patients:** The student shall perform a comprehensive patient assessment on at least 5 obstetric patients.

2. **The student shall demonstrate the ability to perform a comprehensive assessment on trauma patients:** The student shall perform a comprehensive patient assessment on at least 20 trauma patients.
3. **The student shall demonstrate the ability to perform a comprehensive assessment on behavioral patients:** The student shall perform a comprehensive patient assessment on at least 10 behavioral patients.

D. CHIEF COMPLAINTS

1. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with chest pain:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 20 patients with chest pain.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with dyspnea/respiratory distress:**
 - a. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 adult patients with dyspnea or respiratory distress; and
 - b. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 5 pediatric patients, including infants, toddlers, and school-age, with dyspnea or respiratory distress.
3. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with abdominal complaints:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with abdominal complaints such as abdominal pain, nausea or vomiting, gastrointestinal bleeding, and gynecological complaints.
4. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with altered mental status:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with altered mental status.

E. TEAM LEADER SKILLS

The student shall demonstrate the ability to serve as a team leader in a variety of prehospital emergency situations: The student shall serve as the team leader for at least 25 prehospital emergency responses.

ARTICLE 4. EMT CERTIFICATION

R9-25-404. Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))

- A.** An applicant for initial EMT certification shall submit to the Department an application including:
1. An application form provided by the Department containing:
 - a. The applicant's name, address, telephone number, date of birth, and social security number;
 - b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A) and R9-25-403(A);
 - c. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - d. The applicant's signature and date of signature;
 2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A) or R9-25-403(A), a detailed explanation and supporting documentation; and
 3. If applicable, a copy of EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction.
- B.** In addition to the application, the following are required:
1. For EMT-B certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course session for either the:
 - i. Arizona EMT-B course, as defined in R9-25-305; or
 - ii. Arizona EMT-B refresher, as defined in R9-25-306, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the basic emergency medical technician level or higher level; and
 - b. Evidence of current NREMT-Basic registration;
 2. For EMT-I(99) certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course session for either the:
 - i. Arizona EMT-I course, as defined in R9-25-307; or
 - ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT

reregistration eligibility at the intermediate emergency medical technician level or higher level; and

- b. Evidence of current NREMT-Intermediate registration; or
- 3. For EMT-P certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course session for the:
 - i. Arizona EMT-P course, as defined in R9-25-308;
 - ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the paramedic emergency medical technician level; or
 - iii. Arizona EMT-I(99)-to-EMT-P transition course; and
 - b. Evidence of current NREMT-Paramedic registration.

R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))

- A.** An individual who holds current and valid certification as an EMT in Arizona may, before the expiration date of the individual's current EMT certification, apply for recertification at the same level of EMT certification currently held or at a lower level of EMT certification.
- B.** To apply for recertification, an applicant shall submit to the Department an application including:
 - 1. An application form provided by the Department containing:
 - a. The applicant's name, address, telephone number, date of birth, and social security number;
 - b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A);
 - c. An indication of the level of EMT certification currently held and of the level of EMT certification for which recertification is requested;
 - d. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - e. The applicant's signature and date of signature;
 - 2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A), a detailed explanation and supporting documentation; and
 - 3. If applicable, a copy of each EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction that the applicant holds.

C. In addition to the application, an applicant shall submit the following to the Department:

1. For EMT-B recertification, either:
 - a. A certificate of course completion signed by the training program director designated for the course session showing that within two years before the expiration date of the applicant's current certificate, the applicant completed either the:
 - i. Arizona EMT-B refresher, as defined in R9-25-306; or
 - ii. Arizona EMT-B refresher challenge examination, as defined in R9-25-306; or
 - b. Evidence of current NREMT-Basic registration;
2. For EMT-I(99) recertification, either:
 - a. Attestation that the applicant:
 - i. Has completed continuing education as required under subsection (D), and
 - ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (D); or
 - b. Evidence of current NREMT-Intermediate registration; or
3. For EMT-P recertification, either:
 - a. Attestation that the applicant:
 - i. Has completed continuing education as required under subsection (D), and
 - ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (D); or
 - b. Evidence of current NREMT-Paramedic registration.

D. An EMT required to attest to completion of continuing education under subsection (C)(2)(a) or (C)(3)(a) shall complete 60 clock hours of continuing education in the two years before the expiration date of the EMT's current certification or, if applicable, before the end of an extension period granted under R9-25-407, as follows:

1. Seven clock hours through proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
2. No more than 48 clock hours for completion of the Arizona ALS refresher;
3. No more than 12 clock hours for passing the Arizona ALS refresher challenge examination;

4. No more than 20 clock hours of training in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
5. No more than 20 clock hours of teaching in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
6. No more than 20 clock hours of training related to skills, procedures, or treatments authorized under Article 5 of this Chapter;
7. No more than 20 clock hours of teaching related to skills, procedures, or treatments authorized under Article 5 of this Chapter;
8. No more than 20 clock hours of training in current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
9. No more than 20 clock hours of participation in or attendance at meetings, conferences, presentations, seminars, or lectures designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
10. No more than 16 clock hours of training in advanced trauma life support;
11. No more than 16 clock hours of training in pediatric emergency care; and
12. If the individual is certified as an EMT-I(85) and desires to apply for recertification as an EMT-I(99) as provided under R9-25-412, by completing the Arizona EMT-Intermediate transition course, defined in R9-25-301.

E. The Department shall not issue recertification as an EMT-I(85).

R9-25-408. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))

A. An individual who holds current and valid EMT certification at a level higher than EMT-B and who is not under investigation pursuant to A.R.S. § 36-2211 may apply for continued certification at a lower EMT level for the remainder of the certification period by submitting to the Department:

1. A written request containing:
 - a. The EMT's name, address, telephone number, date of birth, and social security number;
 - b. The lower EMT-level requested;
 - c. Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;
 - d. Attestation that all information submitted is true and accurate; and

- e. The applicant's signature and date of signature; and
 - 2. Either:
 - a. A written statement from the EMT's administrative medical director attesting that the EMT is able to perform at the lower level of certification requested; or
 - b. If applying for continued certification as an EMT-B, an Arizona EMT-B refresher certificate of completion or an Arizona EMT-B refresher challenge examination certificate of completion signed by the training program director designated for the Arizona EMT-B refresher session.
 - B. An individual who holds current and valid EMT certification at a level higher than EMT-B and who is not under investigation pursuant to A.R.S. § 36-2211 may apply for recertification at a lower level pursuant to R9-25-406.
- R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))**
- A. Before December 31, 2007, an individual certified as an EMT-I(85) shall do one of the following:
 - 1. Complete the Arizona EMT-Intermediate transition course, defined in R9-25-301, and apply for recertification as an EMT-I(99) under subsection R9-25-406(B) and (C)(2);
 - 2. Apply for recertification as an EMT-B, as provided under R9-25-408(B) and R9-25-406(A);
 - 3. Apply for downgrading of certification to become an EMT-B, as provided under R9-25-408(A); or
 - 4. Allow the individual's EMT-I(85) certification to expire and cease to be a certified EMT.
 - B. Each EMT-I(85) certification expires on the expiration date shown on the certificate issued by the Department or on December 31, 2007, whichever is sooner.

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

R9-25-503. Protocol for an EMT to Administer, Monitor, or Assist in Patient Self-Administration of an Agent

- A. An EMT may administer an agent to a patient if:
 - 1. Table 1 indicates that an EMT with the certification held by the EMT may administer the agent;
 - 2. The EMT's administration of the agent complies with any requirements included in this Article related to administration of the agent;
 - 3. The EMT is authorized to administer the agent by:
 - a. The EMT's administrative medical director; or

- b. For an EMT-B who does not have an administrative medical director, the emergency medical services provider for which the EMT-B works; and
 - 4. Administering the agent to the patient is consistent with any administrative medical direction and on-line medical direction received by the EMT.
- B.** When an EMT administers an agent, the EMT shall document the administration on a prehospital incident history report, as defined in A.R.S. § 36-2220, including at least:
 - 1. Patient name, if available;
 - 2. Agent name;
 - 3. Indications for administration;
 - 4. Dose administered;
 - 5. Route of administration;
 - 6. Date and time of administration; and
 - 7. Observed patient response to administration of the agent.
- C.** An EMT shall comply with the written standard operating procedure adopted by the emergency medical services provider for which the EMT works as required under R9-25-204(F)(6) or R9-25-210(D)(3), if applicable.
- D.** An EMT may monitor an agent listed in Table 1 if:
 - 1. Table 1 indicates that an EMT with the certification held by the EMT may monitor or administer the agent;
 - 2. The EMT has completed training in administration of the agent that included at least the following information about the agent:
 - a. Class,
 - b. Mechanism of action,
 - c. Indications and field use,
 - d. Contraindications,
 - e. Adverse reactions,
 - f. Incompatibilities and drug interactions,
 - g. Adult dosage,
 - h. Pediatric dosage,
 - i. Route of administration,
 - j. Onset of action,
 - j. Peak effects,
 - k. Duration of action,
 - l. Dosage forms and packaging,

- m. Required Arizona minimum supply, and
 - n. Special considerations;
 - 3. If the agent is administered via an infusion pump, the EMT has completed training in the operation of the infusion pump;
 - 4. If the agent is administered via a small volume nebulizer, the EMT has completed training in the operation of the small volume nebulizer; and
 - 5. If the agent is administered via a central line, the EMT is an EMT-P.
- E.** An EMT may assist in patient self-administration of an agent if:
- 1. Table 1 indicates that an EMT with the certification held by the EMT may administer or assist in patient self-administration of the agent;
 - 2. The agent is supplied by the patient;
 - 3. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
 - 4. The agent is in its original container and not expired.

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

TA = Transport agent for an EMT with the specified certification

^{IFIP} = Agent shall be administered by infusion pump on interfacility transports

^{IP} = Agent shall be administered by infusion pump

^{SVN} = Agent shall be administered by small volume nebulizer

^{SVN or MDI} = Agent shall be administered by small volume nebulizer or metered dose inhaler

* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.

*** = An EMT-B may administer if authorized under R9-25-505.

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

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AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate ^{SVN or MDI} (sulfite free)	10 mg	A	A	A	A	-
Amiodarone ^{IFIP}	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Blood	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride	1 g	A	A	-	-	-
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids [†]	None	TA	TA	TA	TA	-
Corticosteroids ^{IP}	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H ₂ O	Optional [250 mL bag (1)]	A	A	A	A	M***
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem ^{IFIP} or Verapamil HCl	25 mg 10 mg	A A	A A	- -	- -	- -
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-

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AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Dopamine HCl ^{IFIP}	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-
Etomidate	Optional [80 mg]	A	-	-	-	-
Fosphenytoin Na ^{IP} or Phenytoin Na ^{IP}	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon ^{IFIP}	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
Heparin Na ^{IP}	None	TA	TA	-	-	-
Ipratropium Bromide 0.02% ^{SVN or MDI}	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***

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AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Magnesium Sulfate ^{IFIP}	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution ^{IP}	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray	1 bottle	A	A	A	A	PA
or Nitroglycerin Tablets	1 bottle	A	A	A	A	PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self-administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na ^{IP}	None	TA	TA	-	-	-

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts ^{IP}	None	TA	TA	-	-	-
Procainamide HCl ^{IP}	None	TA	TA	-	-	-
Racemic Epinephrine ^{SVN}	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline ^{IP}	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids ^{IFIP}	None	TA	TA	-	-	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-

R9-25-512. Grace Period for EMT-I(99)s Certified Before January 6, 2007

- A.** Except as provided in subsection (C), an individual currently and validly certified as an EMT-I(99) in Arizona as of January 5, 2007, is authorized, until January 6, 2009, to administer, monitor, assist in patient self-administration of, and use as transport agents the agents authorized in Table 1 for an “EMT-I(99) Certified Before 1/6/07.”
- B.** An individual who becomes certified as an EMT-I(99) in Arizona on or after January 6, 2007, is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents the agents authorized in Table 1 for an “EMT-I(99) Certified On or After 1/6/07.”
- C.** If an individual described under subsection (A) allows the individual’s EMT-I(99) certification to expire before January 6, 2009, the individual no longer qualifies under subsection (A) and instead shall comply with subsection (B).
- D.** Effective January 6, 2009, an individual described under subsection (A) is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents only the agents authorized in Table 1 for an “EMT-I(99) Certified On or After 1/6/07.”

- E.** For purposes of this Section, “currently and validly certified” means holding certification issued by the Department that is not expired, suspended, or otherwise restricted.

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

- A.** A ground ambulance vehicle shall contain the following operational equipment and supplies:
1. A portable and a fixed suction apparatus;
 2. Wide-bore tubing, a rigid pharyngeal curved suction tip, and a flexible suction catheter in each of the following French sizes: 5, 10, and 14;
 3. One fixed oxygen cylinder or equivalent with a minimum capacity of 106 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
 4. One portable oxygen cylinder with a minimum capacity of 13 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
 5. Oxygen administration equipment including: tubing, two adult-size and two pediatric-size non-rebreather masks, and two adult-size and two pediatric-size nasal cannula;
 6. One adult-size, one child-size, and one infant-size hand-operated, disposable, self-expanding bag-valve with one of each size bag-valve mask;
 7. Two adult-size, two child-size, and two infant-size oropharyngeal airways;
 8. Two cervical immobilization devices;
 9. Two upper and two lower extremities splints;
 10. One traction splint;
 11. Two full-length spine boards;
 12. Supplies to secure a patient to a spine board;
 13. One cervical-thoracic spinal immobilization device for extrication;
 14. Two sterile burn sheets;
 15. Two triangular bandages;
 16. Two sterile multi-trauma dressings, 10” x 30” or larger;
 17. Four abdomen bandages, 5” x 7” or larger;
 18. Fifty non-sterile 4” x 4” gauze sponges;
 19. Ten non-sterile soft roller bandages, 4” or larger;
 20. Two non-sterile elastic roller bandages or self-adherent wrap bandages, 3” or larger;
 21. Four sterile occlusive dressings, 3” x 8” or larger;
 22. Two 2” or 3” adhesive tape rolls;

23. A sterile obstetrical kit containing towels, 4" x 4" dressing, scissors, bulb suction, and clamps or tape for cord;
 24. One child-size, one adult-size, and one large adult-size sphygmomanometer;
 25. One stethoscope;
 26. One heavy duty scissors capable of cutting clothing, belts, or boots;
 27. Two blankets;
 28. Two sheets;
 29. Body substance isolation equipment, including:
 - a. Two pairs of non-sterile disposable gloves;
 - b. Two gowns;
 - c. Two masks that are at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which may be of universal size;
 - d. Two pairs of shoe coverings; and
 - e. Two sets of protective eye wear;
 30. At least three pairs of non-latex gloves; and
 31. A wheeled, multi-level stretcher that is:
 - a. Suitable for supporting a patient at each level;
 - b. At least 69 inches long and 20 inches wide;
 - c. Rated for use with a patient weighing up to or more than 350 pounds;
 - d. Adjustable to allow a patient to recline and to elevate the patient's head and upper torso to an angle at least 70° from the horizontal plane;
 - e. Equipped with a mattress that has a protective cover;
 - f. Equipped with at least two attached straps to secure a patient during transport; and
 - g. Equipped to secure the stretcher to the interior of the vehicle during transport using the fastener required under R9-25-1002(36).
- B.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide BLS shall contain at least:
1. The minimum supply of agents required in Table 1 in R9-25-503 for an EMT-B,
 2. Two 3 mL syringes, and
 3. Two 10-12 mL syringes.
- C.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain at least the minimum supply of agents required in Table 1

in R9-25-503 for the highest level of service to be provided by the ambulance's crew and at least the following:

1. Four intravenous solution administration sets capable of delivering 10 drops per cc;
2. Four intravenous solution administration sets capable of delivering 60 drops per cc;
3. Intravenous catheters of various sizes;
4. Venous tourniquet;
5. One endotracheal tube in each size from 3.0 mm to 9.0 mm;
6. One laryngoscope with blades in sizes 0-4, straight or curved or both;
7. One adult Magill forceps;
8. One scalpel;
9. One portable, battery-operated cardiac monitor-defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities;
10. Electrocardiogram leads;
11. One blood glucose testing kit;
12. The following syringes:
 - a. Two 1 mL tuberculin,
 - b. Four 3 mL,
 - c. Four 10-12 mL,
 - d. Two 20 mL, and
 - e. Two 50-60 mL;
13. Three 5 micron filter needles; and
14. Assorted sizes of non-filter needles.

D. A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:

1. The ambulance attendant and the dispatch center;
2. The ambulance attendant and the ground ambulance service's assigned medical direction authority, if any; and
3. The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority, if any.